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ACUPUNCTURE AS A REMEDY FOR RHEUMATISM.

BY WM. MARKLEY LEE, M.D. OF INDIAN TOWN, S. C.

Few diseases are reported to be cured by a greater variety of remedies than Rheumatism, and few are subject to greater disappointment in the attainment of the expected results. This arises principally from the circumstance, that Rheumatism is of a two-fold character, entonic and atonic, requiring the closest discrimination in treatment, as the remedies proper for each form are diametrically opposite in their action.

The detail of all the remedies for Rheumatism would occupy much space, and convey little new information. My present object will be, to give my experience in the use of one remedy, in my opinion not sufficiently appreciated. It was about six years since, after reading the practice of Churchill, Cloquet, and others, I was induced to try this remedy on my patients, in cases apparently suited to it, and, for the sake of brevity, I will give a sketch of a few of these cases.

Case I. I saw an old negro woman, the gardener of one of my friends, limping at her work, who, on inquiry, stated that she had Rheumatism of the knee. I had not at that time tried acupuncture, but feeling disposed to make the experiment, told her in a jocular manner, that I could cure her with a needle; to this she was extremely averse, fearing the pain, but after some persuasion consented. Having fitted the larger end of two slender needles into small phial corks, I kept the skin of the inner surface of the knee tense with the thumb and forefinger of the left hand, and introduced them to a moderate depth with a slow, alternate, semi-rotary motion. As their points entered the skin, she complained of slight pain, which being pierced, she scarcely felt them: after about ten minutes, I directed her to bend the knee slowly; to her surprise, flexion no longer caused pain, as it did previous to their introduction. The needles were then withdrawn with the same motion as inserted; not a drop of blood was lost; even the places of insertion could not be seen, and what was infinitely more important, the pain had vanished. A few minutes after, she complained of it at the inner side of the ankle, whence, after about the same lapse of time, it was routed as from the knee. The old woman was so delighted that she danced for joy. For several days she continued free from her old complaint, but after being again exposed to the exciting cause, damp weather, it was renewed. The experiment was not repeated.

Case II. A lady was subject to Rheumatic stiffness of the neck, after

exposure to a damp atmosphere, particularly at night. On one occasion I found her with her head so fixed, that rotation was impossible. After some persuasion, she consented to the introduction of the needles; of which two were inserted, one on each side of the vertebræ. As their points touched the posterior fasciculi of cervical nerves, she complained of an acute tingling sensation, like an electric shock, which induced me to retract the needles slightly. After about fifteen minutes, I requested her to make an effort to turn her head, which to her surprise she did, with no pain except that which arose from the pressure of the muscular fibres upon the points of the needles. The relief was prompt and permanent.

Case III. I had the misfortune some years since to luxate my left clavicle, in consequence of which I have been occasionally subject to Rheumatism of the deltoid muscle on getting wet. I have in repeated attacks laid bare the shoulder, and requesting some friend to keep the skin tense, introduced three needles around the shoulder. Previous to their introduction, I could not raise the arm to a horizontal direction, unless aided by the other hand, and suffering severely. The pain caused by the needle inserted into the anterior fibres of the muscle, was decidedly the most acute, evidently arising from the contiguity of the nerves which supply the arms. In fifteen minutes I was free from pain, and could move the arm with perfect ease, upon which the needles were withdrawn. Months elapsed before I experienced any return of the Rheumatism.

Case IV. An old seaman labored under tonic Rheumatism of the deltoid muscle; the shoulder was sensibly hot, but being a topical disease, at the request of the physician of the marine hospital, of which he was a patient, I consented to try acupuncture; he, like myself, could not elevate the humerus to a horizontal direction. The needles were introduced, and suffered to remain two hours; extraction was found extremely painful and difficult; the corks were detached, and it was necessary to thread the needles in order to extract them. Before insertion they were highly polished; after extraction they were blackened and deeply corroded completely *around* the portion at the surface of the skin; the imbedded portion, irregularly. It is well known that the nerves are expanded as a delicate net-work over the entire surface of the skin; it is also supposed that the nervous and galvanic fluids are identically the same. May not the greater abundance of this galvanic or nervous fluid at the surface, account for this more complete corrosion of that part of the needle? The pain was by no means removed; indeed he suffered so much from the extraction, that no persuasion could induce him to submit to any variation of the experiment. He was subsequently cured by other means.

Case V. A young man applied to me, to try the effect of acupuncture upon a chronic pain of the loins, which had been treated unsuccessfully by some of the most eminent physicians of Charleston; cupping, blistering, rubefaciants having all been tried with only temporary benefit. On the insertion of the second needle, if I mistake not, he fell back into my arms in a state of syncope. Having laid him on one side, I ex-

tracted the needles. He stated, after reviving, that it was not pain, but a sudden sickness, which caused him to faint. This uncommon symptom would have caused me some alarm, had I not previously met with such a case in a French Journal. I never could persuade him to repeat the experiment, although the lumbar pain was relieved for a few days.

These are a select few of many cases of Rheumatism which I have treated by acupuncture; they have led me to anticipate the following results, viz.

In acute Rheumatism, the needle acts as an irritant, and is therefore improper before inflammatory action has been reduced. The effect produced in case 4th, will be a lesson to me in future never to suffer the ordinary steel needles to remain for any length of time. Under those circumstances they should be made of gold or platina.

In sub-acute Rheumatism, I consider acupuncture a prompt and efficacious remedy. I frequently employ it, much to the surprise of my patients, from the trifling pain which it causes, and the promptness of relief; and equally to the astonishment of the attendants, who rarely have faith in the remedy, until proved by positive demonstration.

In chronic Rheumatism, acupuncture will relieve promptly and thoroughly, but the disease is liable to recur on the reapplication of the cause usually producing it.

It may be inferred from what has been stated, that I believe acupuncture to owe its efficacy to the transmission of the galvanic fluid. Such has long been my opinion, although I had no opportunity to ascertain the fact by the use of the battery. This point has been recently established by the experiments of Dr. Stokes, of the Meath Hospital, as republished from the London Medical and Surgical Journal into the American Journal, No. XXXIII, p. 225, et sequent. As this periodical is in general circulation, the reader will find the article referred to.

I consider acupuncture entitled to far more attention than it has yet received in the United States. *It is not painful.* I have never introduced the needle without the patient expressing the greatest surprise at the trifling degree of pain; indeed some have declared that if asleep it would not awake them. Of this I have some doubts. *It is not inconvenient.* Every house can furnish needles. *It is prompt and effectual.* I have never failed to produce the desired effect, in appropriate cases, within the space of a quarter of an hour; and in such cases the relief was permanent. I therefore repeat it as my opinion, that physicians have not duly appreciated its therapeutical efficacy.—*Southern Med. and Surg. Jour.*

THE CÆSAREAN OPERATION PERFORMED TWICE, SUCCESSFULLY,
ON THE SAME WOMAN.

BY ROBERT ESTEP, M.D. OF STARK CO. OHIO.

AUGUST 10th, 1830.—I had a hurried call to the wife of Geo. Stull, of Columbiana county. Found the patient of low stature, full habit, a bru-

nette of 20 years of age, in active labor from her first pregnancy. A female attendant informed me that she had been nearly in that condition for 24 hours. On examination, I found the soft parts well disposed and developed; the position of the head favorable, being the first presentation of the vertex; the membranes ruptured and the waters discharged. Learning that no perceptible progress had been made for the last 24 hours, and finding that mere manual assistance was impracticable, I applied the forceps and delivered the woman of a very small dead fœtus: the head compressed and elongated to a very unusual degree. Suspecting deformity of the pelvis, I took occasion, while delivering the placenta, to satisfy myself, and found its antero-posterior diameter reduced far below any case I had met with; to a degree, indeed, which in my opinion precluded the possibility of her ever giving birth to a living child approaching the ordinary size. This opinion I communicated to the husband, and took my leave. The woman recovered without impediment.

June 22d, 1831. Saw Mrs. S. at the house of a neighbor, and learning that she had by a few days passed the 7th month of pregnancy, advised premature delivery. This expedient was rejected.

Aug. 11th. She was again in labor. The details of the preceding case so perfectly apply to the present, as to deprive it of interest; by extreme throes and the assistance of the forceps, she was delivered of another small, still-born child, with the same distortion of the head. I now made another and more careful examination of the pelvis, and satisfied myself, beyond a doubt, of the abnormal projection of the sacrum, reducing the sacro-pubic diameter below two inches.

Jan. 11th, 1833. Mr. S. called in my absence, and with tears requested my attendance as soon as I returned. On receiving the message I immediately repaired to his house. As soon as I cast my eyes on the patient I observed an inordinate protrusion of the abdomen, which was perceptibly magnified at the accession of every pain. On inquiry I learned of the patient herself, that the membranes broke without any premonitory uneasiness; that during the 3d or 4th pain she distinctly felt "something give way," from which time the swelling of the abdomen became more and more conspicuous. By touching I found the state of the soft parts and the presentation, as favorable as formerly; but the labor little or nothing advanced, the head resting on the superior strait, and the throes severe, but without any expulsive tendency. From the first half hour I had been in her presence, the unwelcome idea of a rupture of the uterus had at intervals obtruded itself upon me. At length I gave an opiate, which procured for her some respite, and for me, some time for deliberation. After permitting her to rest for an hour, I commenced a more thorough examination than I had yet made: gently pressing the head of the fœtus back, and resting it on the right iliac fossa, I passed my hand carefully along the anterior portion of the uterus. I had proceeded but about midway the body of that organ, when I discovered as I thought a longitudinal rent, and its whole anterior aspect distended to a mere membrane. Here was a formidable difficulty—one requiring prompt decision and action. The position of the hand, owing

to the extreme contraction of the pelvis, was exceedingly irksome, and viewing the frequent introduction of it as a serious evil, I determined before withdrawing it to turn the *fœtus* and deliver by the feet, well assured that I could expect no further assistance from the action of the uterus. Pursuing this determination, I grasped both feet, and brought them down: I forbear to subject the patience of the reader to the trials my own endured in vain endeavors to accomplish the delivery—suffice it to say, that after three hours of indefatigable exertion, I was unable even to get the head engaged in the superior strait. Relinquishing all hope of success by this artifice, and being thoroughly assured of the child's death, I now separated the trunk from the head, in the vague hope of being able to get a better diameter of the latter, or by locking the finger into the chin, to apply a more efficient force; but in this, likewise, I was unsuccessful.

It may be proper here to state, that I was unprovided with any instruments, save a pair of forceps and a common pocket case; nor was there any professional assistant within eight miles, whose counsel I could regard. I had endeavored to perforate the head with a pair of pointed scissors, but the absence of any resisting force defeated the intention. Thinking it possible to succeed with a longer instrument, I went at midnight to a blacksmith's shop, a mile off, and had a rough substitute for a perforator hastily made. It is almost superfluous to add, that the same ill success attended its application.

Seeing my patient was rapidly sinking, I now, as a *dernier resort*, and as the only chance of saving her life, proposed the *Cæsarean operation*. Contrary to my expectation, she and her friends unhesitatingly consented, and urged its speedy execution. On my part, having for several hours contemplated the matter, I, with as little hesitation, prepared some adhesive strips, lint and bandages, armed a few needles with ligatures, &c., placed the patient in a convenient posture and commenced the operation. My first incision, commencing about an inch below and half an inch to the right of the umbilicus, was continued downward, about seven inches, through the integuments only; directing a by-stander to draw the integuments towards the opposite side, by a second incision I divided the *linea-alba* and peritoneum at the same stroke of the knife, guarding the viscera by elevating the parietes with two fingers of the left hand. The uterus, now somewhat contracted, was laid bare, and the fissure perceptible. I brought the organ forward by introducing two fingers within the lacerated wound, which I enlarged with a bistoury to the extent of six inches, and grasping the head with the right hand extracted it through the wound. The extremity of the cord still remaining outside the vulva, was now taken hold of, and the placenta delivered by the natural passages. The wound, closed up with sutures and adhesive strips, was dressed with lint, and the patient put to bed, as may be supposed, much exhausted. Having been exposed to cold, loss of sleep, mental and physical exertion, for the last forty-eight hours, I gave my patient an opiate, and sought repose myself. After a few hours sleep, I was agreeably surprised to find her as much refreshed as myself—cheerful, communica-

tive, and taking nourishment. I gave the necessary directions, and took my leave, with a promise to make a visit early the next day.

13th. Patient worse; considerable fever with full pulse, tender and inflated abdomen. Drew blood copiously, and administered mild enemata.

14th. Unfavorable symptoms subsided; the lips of the external wound somewhat separated. Shows the value of the two incisions—drew it together with adhesive strips of a better quality.

15th. Patient says she feels able to be up. Lochial discharge natural.

16th. Removed the sutures; patient comfortable.

19th. Wound contracted in length to four inches, and principally healed.

23d. Patient sits up and walks about the room—discontinue my visits.

April 1st, 1834. Saw Mrs. S.: she states that she has again reached the 7th month of pregnancy. The plan of premature delivery is again pressed upon her, but, for reasons that will appear presently, is also again rejected. A neighboring practitioner has insinuated himself into the family, and impressed them with the belief, that he can deliver her without an operation. I am asked whether I can hold out the same encouragement, and reply in the negative. I state decidedly that no one but myself has had an opportunity of knowing her peculiar conformation; and that except by mutilating the fœtus, or the Cæsarean operation, she can never be delivered of a full-grown child. From the last conversation with Mr. S., together with other facts I had become acquainted with, I was confident the individual to whom I have alluded would be called on at her approaching confinement; and my knowledge of the *man*, as well as the woman with whom he would have to deal, furnished equal certainty that his visit would be useless, if nothing worse, and that I should be called in at last. So certain was I of all this, that I had every instrument and agent, that I thought it possible could be called in requisition, carefully packed up where I could lay my hands on them at any moment. Accordingly, June 2d, I received a hurried call, for which I was prepared. About a mile from town, the husband informed me that Dr. T. was there. On arriving at the house of the patient, I inquired of the attendant what was the prospect? He replied there was no alternative but the Cæsarean operation. I demanded him to state that publicly to the friends, which he forthwith did. I, in the mean time, made an examination and found an arm presentation, and a dead child. The attendant stated that it was alive long after he arrived. The patient, being clamorous for the operation, and the necessary arrangements made, was placed in the proper position, and supported by assistants. On examining the old eschar, I discovered that no union of the linea-alba had taken place—I had consequently nothing to do with that tissue. By carefully making an opening for the reception of two fingers of the left hand, and conducting the bistoury between them, I completed the incision at a single stroke; on exposing the uterus, its anterior surface was found distended and *transparent* to such a degree, that I could distinguish the members of the fœtus through it, with as much clearness as substances are seen through the coats of an inflated bladder. Continuing the incision through the uterus, I extracted from it a fine, plump, full-grown

fœtus; the arm, neck and shoulder tumefied and discolored, from the position it had occupied. What a pity that ignorant interference should have caused its death. Having divided the cord, I passed its extremity through the wound and os tinæ, where it was met by a thumb and finger of the other hand passed up the vagina, and again delivered it in the natural way. Clearing the blood from the wound, it was closed with the sutures and adhesive strips, dressed with lint and a bandage, and the patient put to bed without any alarming symptoms. The loss of blood did not in either of these operations exceed six or eight ounces. It may be observed, that I have made no mention of sutures applied to the wound in the uterus, as recommended by some authors: and I take this occasion to express unqualified disapprobation to their employment. The indissoluble suture, I consider dangerous; the animal ligature, to say the best, useless. By the contraction of the uterus which succeeds parturition, the wound will diminish in a few hours from six or seven, to one or two inches in length; and the viscus itself, from a thin capacious bag, to an almost solid fleshy mass. Indeed, in the last operation, I could discover not a vestige of the former eschar.

June 4th. No discouraging symptoms. 6th. Wound looked healthy—contracted to four inches in length. 8th. Wound healed, patient sits up. 12th. Visited for the last time. She was soon well.

If one example would establish a precedent, this same Cæsarean operation is the easiest mode of bearing children. This woman has ever declared, that the operations were far less severe than the pains of labor.

Western Medical Journal.

MEASLES AND PARALYSIS.

BY H. CHANDLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

B. M. H. 29 years of age, rather tall, spare, slow in his movements, inclined to somnolence, was "exposed to the measles" towards the latter part of January, 1836. February 5, began to experience the usual symptoms, with pain in the epigastrium. In the course of the night the eruption commenced, and covered the whole surface.

Feb. 6. I saw him this morning, and found a well-marked case of Rubeola, with nothing remarkable, except considerable tenderness in the abdomen. Prescribed mild cathartics. *Mel. scil. comp. T. opii.*

7. Eruption continues very distinct, though not quite so florid as yesterday.

9. Nearly well—very little tenderness remaining. Gave mild tonics, and concluded to discontinue my visits. It seemed as if the eruption had disappeared rather too soon, but as he appeared so well, I apprehended no danger.

10. The weather being very fine, though rather cold, patient ventured out, a short time, in the middle of the day. In the evening he smoked a cigar, and took a draught of cider—but in passing his hand to the

vessel, thence to his mouth, &c. he found that his right hand was disinclined to do the will of its owner; and soon after, in going to his bed, he found his right *leg* as *contrary* as his *hand*. He rubbed his limbs a little, however, got into bed, and went to sleep. Sometime in the night, he felt a peculiar, disagreeable numbness in his leg, and his bedfellow proposed coming for me; but he objected—thought he should soon get over it—and took no more notice of it till morning. Before he arose, forgetting that he had experienced any bad feeling in his limbs, he had a little scuffle with his bedfellow—but the moment he put his foot to the floor, his whole body was prostrated. His *chum* helped him up and put on his clothes, and assisted him in walking to his breakfast table. He now began to experience some difficulty in articulating—still, neither he, nor those about him, were aware of anything serious, till about ten o'clock, A. M. when it was found that he could not speak at all. I soon saw him (Feb. 11), and found him sitting by the fire, apparently as well as ever, but not a word could be got out of him. Pulse very small, not much, if any, accelerated*—could move his right limbs but very little—*could not protrude his tongue*—all his motions very slow, nose filled with mucus, but could not blow it, even when the handkerchief was properly held to it—seemed slow of comprehending anything—all the faculties of body and mind seemed to be failing—mouth getting full, but no power to cleanse it—deglutition difficult—whole appearance getting worse every moment.

I had seen many cases of paralysis, and had some experience in that disease, but I had never seen, read, or heard of a case, whose immediate or exciting cause was rubeola. I do not know but that, in reading some authors, rubeola may have been named as being among the causes of paralysis; if so, I have entirely forgotten it. Nor was I certain that I had such a case before me. Could smoking be the cause? He was not in the habit of smoking much, and was just recovering from sickness; and could a cigar, at that time, have such an effect? Did he take cold, by going out yesterday (Feb. 10)? And even if he did, would "a cold" produce such an effect? Was it the too sudden recession of the eruption? Or was it both these causes, combined with the soporific effects of the cigar, and a somnolent diathesis?

Since writing the above, I have been credibly informed, that, only a short time before his sickness, while walking a few miles, he fell asleep, and when he awoke, found himself about half a mile from the road, in a pasture. He knew not where he was; and it was with difficulty he could recover the road again. This was "sleep-walking" in earnest.

I sent immediately for able counsel, Dr. Bartlett, of Concord, for assistance. I had not courage, alone, to venture upon very active treatment; for the powers and faculties, both of body and mind, seemed rapidly sinking; he could utter neither a word nor a groan—respiration laborious—pulse slow and very small at the left wrist, scarcely percepti-

* I would here remark that I am taking down a history of this case, *now*, in July, 4 or 5 months since the case occurred, without having taken any notes at the time, having then no idea of making it public; but the case was so exceedingly interesting to me, that I do not fear getting materially out of the way, in describing the minutiae of the case entirely from memory.

ble at the right—mucous membrane of mouth and œsophagus beginning to be lined with a very tenacious, viscid secretion—a dark, very thick coat forming on the tongue; and about the teeth—deglutition very difficult. Dr. B. arrived about 3, P. M. In the mean time, I had only made use of stimulating frictions, with very mild cordials and diluents. We now concluded that the most active depletion alone could save him. He bled freely, say about a pint—had a large blister on the back of his head and neck, and for 24 hours had very free dejections, from Cal. Japlap, &c. He also vomited considerable, in the night, from the same medicine. After bleeding, the pulse rose, especially on the right side; but the next day (12) he did not appear much better, and towards night seemed to be failing. I now directed a free use of cinchona and quinine.

Feb. 13. Several involuntary discharges of fæces and urine, in night. Much brighter this morning, takes more notice, but cannot yet protrude his tongue, or speak—deglutition a little improved—coat on tongue a little lighter—can move his limbs a little. Continue quinine, &c.

From this time there was a very gradual, almost imperceptible amendment, till, in the course of two or three weeks, he could begin to articulate yes and no, and but very little else for several weeks more. He could use his limbs; but there remained debility, partial loss of voice, and great difficulty in articulation, for some two or three months. Some of his acquaintances strongly urged him to try the "*Thomsonian System*." Accordingly, some time in May, he went through two "*courses*." He *thought* the first helped him, but he *knew* the second was quite injurious; so he would not try a third. After this, he went to a Doctor of "*Roots and Herbs*;" and whether from him, or from riding about the country, exercise, time, warm weather, or from whatever source, he certainly had improved some, when I last saw him, about the middle of June.

Stow, Sept. 5, 1836.

CASE OF STRABISMUS, WITH AMAUROSIS.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN July last, Geo. W. Spear, aged 18, applied at the Eye and Ear Infirmary, with strabismus convergens of the right eye, combined with amaurosis. The history of this case, leaves the cause of the increasing dimness of vision, for which he applies for advice, in some obscurity. He states that at the age of 4 years, he injured his eyes by looking with the naked eye at the sun; and that soon after this, his parents began for the first time to notice the strabismus. But whether there was at the time any inflammation or pain about the eyes or head, he cannot tell. The strabismus probably increased in degree, but has always been, and is now, more perceptible when he applies the well eye closely to any object. Of late years, the patient has noticed a slow and gradual diminution in the power of vision in the defective eye. This has not been at-

tended with any pain of head or eye, with muscæ volitantes, or any other symptom of amaurosis. The pupil acts equally well with that of the opposite or sound eye, and the eye is to all appearance, excepting the strabismus, equally perfect. The globe retains all its natural motions, but the vision is much impaired, and is constantly diminishing. The iris is of a dark hazel color; general health, good. His business is that of a printer.

The questions that occur in this case, are—what was the original cause of the strabismus, and to what is the present diminution of vision owing? It may be presumed that the first was a congestive state of the choroid tunic of the eye or of the vascular membrane or portion of retina. The solution of the second question is of more practical importance, as having a direct bearing upon the course of treatment to be pursued. It is a well-known law in the animal economy, that when any organ or part of the system ceases from any cause whatever to perform the functions assigned to it by nature, such organ or member, in process of time, is deprived of its powers, or becomes inert so far as its peculiar function is concerned. Thus when from congenital cataract or indelible opacity of the cornea, the functions of the retina are not exercised for a long time, that membrane invariably, in a greater or less degree, loses a portion of its susceptibility to its natural stimulus—light. This may or may not, according to the circumstances of the case, be recovered. In the present instance, then, vision being entirely performed by the left or sound eye, to the exclusion of the right, it is supposed that the retina of the defective eye has become impaired from *disuse*. The obvious remedy, so far as the case admits of treatment, is to make use of the weak eye while the other is closed.

But this mode of treatment, either from the length of time which is required to effect the object, or from want of faith on the part of the patient or patients, who may not readily comprehend the principle upon which the treatment is based, seems very rarely to result in much improvement or benefit. In all cases of strabismus, therefore, it is of the highest importance to ascertain the *causes* of this defect, in order that active remedies may be resorted to, if possible at an early period, at which time alone, they will avail much.

Boston, Aug. 1836.

TINEA CAPITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR—I would inquire, through the medium of your Journal, if any of the profession could suggest a better treatment for obstinate and long-continued cases of *Tinea Capitis* than the one usually recommended by authors, as Gregory, Wood, Cullen, &c. I find no trouble with recent cases. Usually cutting the hair short, and lotions or unguents of Nitræ Hydrar. or Argent. Oxymuriatæ Hydrar. Tr. Iodine, &c. or shaving head and poulticing, or applying Sulphur and Tar, will prove effectual, espe-

cially if the above external applications are assisted by appropriate internal treatment. I have seen, within a few years past, a number of cases which would not yield to any kind of application I have used. If you, or any of your numerous correspondents, know of any article or combination of articles (not in common use), except the *Hygeian* or *Brandeth's pills*, that will effect a cure, you will confer a favor by publication.

There is no prevailing epidemic, so far as I know, in this vicinity. Indeed the physicians ought to feel much obliged to Dr. Brandeth and a few other nostrum dealers for what little of the summer difficulties they may have been called to prescribe for. The predisposition to dysentery and diarrhœa is so slight that it evidently requires the aid of nostrum cathartics to call it forth, and these have been in several instances (well known to the profession) adequate to the task.

CONNECTICUTIENSIS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 14, 1836.

MEDICAL TOPOGRAPHY.

A GENTLEMAN of eminence in the profession has urged upon us the propriety of publishing the medical topography of Massachusetts. To collect the information requires the co-operation of our brethren in all parts of the Commonwealth, without which, little or no progress could be made in the proposed undertaking. Were each of our patrons to favor the Journal with a history of the diseases which are most prevalent in the towns in which they reside ; the character of epidemics as they have occurred, from the first settlement, together with the peculiarities of maladies in different sections of the same township, if any have been manifested; and to this, connect a bill of mortality, a catalogue of births, a census, and the medical productions embraced within the same boundaries, a most valuable collection of important facts would soon be collected. We respectfully invite the attention of physicians to this interesting subject. Extra copies containing communications of the kind here alluded to, will be subject to the order of each author, to be circulated as he may direct.

In making this request in regard to this State, it should also be distinctly remarked that similar papers from any part of the United States would be highly acceptable, and in the sequel prove very serviceable. This kind of information is wanted exceedingly ; and unless those who actually possess the means of embodying it, being themselves on the spot, render assistance, it would be a hopeless labor. Out of the materials which would thus accumulate, the medical topography of each town and county would become as familiar as any of their most common historical circumstances. We again beg the earliest attention of our subscribers, especially, to the consideration of this appeal to their local experience.

REVIEWS.

"MANY men have many minds," says the adage—the truth of which we are perfectly willing to acknowledge, since reading some half a dozen medical reviews of works which have appeared since the Ides of March. How it is possible that readers should differ so widely in opinion upon the mere matter of the high or low character of a book, as they obviously do, is quite unaccountable. One Journal, for example, faintly praises what it has not the fearlessness to condemn, because a very good patron is at stake: another belabors the poor author unmercifully, almost without cause, so far as we can discern, if it is pretty well ascertained that he can bring no revengeful influence to bear upon the annual receipts of a starving periodical. The query naturally arises—what amount of candor generally pervades the pages of a common critical review, where the author gets all of a crown for forty lines of illiberal bitterness? In those tame, timed, and fawning kinds of notices which are altogether too rife, in these insincere times, the reader obtains nothing like a correct opinion of a medical book; no, nor is he happier in ascertaining the sentiments of the reviewer. Now we can hardly expect to remedy the bad system to which these observations allude; but we most humbly beseech those who write for us, as well as our neighbors, to remember that great and inexcusable injustice is continually being done very deserving authors, by those whose judgment upon their merits or demerits is entitled to but little respect, when analyzed, though they may vex and considerably annoy, for a time, one whose intellectual elevation is immensely beyond the sphere of their ascent. The medical reviewing process in this country might be essentially improved; and the best mode of doing it, is to do as we would wish to be done by.

AMERICAN ASSOCIATION OF PHILOSOPHERS.

It will be recollected that no longer ago than last season, a great national association of scientific men, belonging principally to England, united themselves into a society, called the British Association, for the mutual benefit of each other and the world. The object was to concentrate all the science of the empire. Novel as was the idea, when first proposed, the happiest results may be anticipated. Philosophers were brought together, and established a personal acquaintance, who, otherwise, might never have known each other. Never, perhaps, in any age, were so many persons congregated, individually distinguished for their profound attainments. The learned of other and distant countries, struck with the importance of the scheme, and, doubtless, curious to behold a multitude in which was embodied such an immense weight of talent, genius, wisdom, and true intellectual greatness, made long and tedious voyages to be present at the organization of the first congress of philosophers. By a judicious subdivision into sections, every member had an opportunity to contribute something which exclusively belonged to his own field of study. The mathematician, the chemist, the physiologist, and the anatomist, as well as all others who cultivated a domain in the field of nature, freely communicated the results of their observations and experience. By an orderly arrangement of time, there was neither confusion, hurry, nor even a superficial exhibition in any one of the numerous departments into which the exact sciences are necessarily divided. An impetus was given to genuine learning and to true philosophy—and an ambition ex-

cited among those who had lived, thought and experimented alone, which will hereafter be referred to in the annals of Europe, as a new and brilliant epoch in the history of science.

A similar meeting in the United States would have a very beneficial influence upon the future condition of all who might participate in its deliberations. A timely circulation of advertisements under the sanction of men of acknowledged rank in society, whose standing is based on their mental acquirements, would bring together a concourse of highly gifted individuals, that would excite universal attention over the whole continent. Washington, in preference to any other city, offers the greatest number of advantages for the place of such a meeting, during the session of Congress. If it were found, on trial, to be impracticable to bring together all classes and denominations of philosophers, the effort to have a great national convention of medical men might be attended with more success. The opinions of correspondents on the feasibility and probable utility of the measure, are respectfully solicited.

Medical Lectures.—On the covers of our exchange journals, we notice the announcement of the annual lecture term in several institutions, of which very little is known in this section of country. Nothing would give us more pleasure than to lend a helping hand in extending these notices, were we possessed of all the particulars. Students are continually making inquiries in relation to schools of which we have but little knowledge. Some would prefer to go to Cincinnati, for the two-fold purpose of visiting friends and acquiring a medical education. Others have a curiosity to winter at Philadelphia, Baltimore, or Lexington, provided the expenses are what they would consider reasonable. With regard to those in the northern States, with which we are familiar, most of which have been made known to the profession in our advertising pages, they have everything to recommend them. Gentlemen interested in medical statistics, will confer a favor in forwarding catalogues, whenever classes have been matriculated.

Spontaneous Amputation of a Limb in Utero.—From the last number of the American Journal, the following singular circumstance has been extracted, published on the authority of Dr. F. P. Fitch, New Boston, N. H. A healthy laboring woman, mother of six children, was alarmed March 17th, about the sixth and a half month of gestation, by a sudden discharge of the liquor amnii. On the 21st, a substance escaped from the vagina, which proved to be a perfectly well-formed foetal foot, apparently separated at the ankle joint, in a complete state of preservation. After some hæmorrhage, requiring medical attendance, on the 5th of April she was delivered of about a seven month child, which lived not far from half an hour. A little to the left of the centre of the forehead, says Dr. Fitch, "was a horny protuberance of the size of the middle finger, projecting about half an inch. Below, upon the face, was an extensive deformity, caused by the entire absence of the upper lip and bones beneath, to a great extent. This last malformation the mother *very confidently* attributed to an accidental view of a person whose upper lip and part of the nose had been destroyed by a cancerous sore. Upon the foot, the place of separation was contracted to the size of a small pin head, and the healing process had apparently been as perfect and progressed very

nearly as far as that on the lower extremity of the femur." In eight months after, the same woman had twins, but both died.

Peroxide of the Hydrate of Iron, as an Antidote to Arsenic.—A series of experiments by MM. Miguel and Soubeirau, present the following results. Twelve grains of arsenious acid, mixed with water, was given to a little dog, and immediately afterwards the iron. The œsophagus being tied, he endeavored to vomit; but two or three hours afterwards all symptoms had vanished. Twenty-four hours later, the ligatures were removed, and fluids given him, but deglutition of solids was impossible, and the dog died on the 6th day. Two large dogs being treated similarly, but with 18 grs. of arsenic, the ligature was not removed, yet one lived 78 hours and the other 84. Now in these cases, the arsenic would certainly have produced death in two or three hours, without the hydrate.

Drs. Borelli and Demaria, of Turin, have gone still further in demonstrating the anti-poisonous character of this preparation of iron. Nine grains of arsenic being given a dog, followed immediately by three oz. of the hydrated tritoxide of iron—even though the œsophagus was tied, exhibited no symptoms of poisoning in seven hours. Although he could swallow a little liquid, he could not vomit solids. This animal lived nine days, and was then killed to ascertain whether the œsophagus was obliterated; but it was not. Another dog received ten grains of arsenic: the ligature was removed after 24 hours and he lived 12 days, his deglutition being free. The same dose being repeated without the peroxide, he was killed by it. Again, 14 grains of arsenic was given a large dog, and a ligature placed round the food-pipe, as before, which was loosened in half an hour to introduce an ounce of the peroxide. The dog perfectly recovered, and served for experiments five days later. These gentlemen believe that four and a half parts by weight of the peroxide, are necessary to neutralize one of arsenious acid. They came to the conclusion, therefore, that this article is an antidote to arsenic, as certain as albumen is to corrosive sublimate. It should always be kept as a soft mass, ready to be used instantly, completely free from the influence of the air, from which it absorbs carbonic acid—rendering its combination with arsenic uncertain. By the timely administration of this valuable preparation, many lives might be saved.

Resignation of Fellowship. Drs. Hezekiah Eldridge, of Brighton, Sylvanus Plympton, Woburn, and Thomas Manning, Ipswich, have had leave to resign fellowship with the Medical Society of Massachusetts. They having severally retired from the practice of medicine.

Financial Condition of the Mass. Medical Society.—From a report of the receipts and expenditures, the balance on hand, in 1835, was \$245.94. Received during the year for assessments, \$666.00; from the treasurer of Hampshire district, \$37.00; from the censors of the Berkshire district, \$53.00; from the second medical district, \$32.00; from Essex, 43.00; from the secretary of censors of the first, \$40.00. Total of money, \$1133.94. The expenses of 1835, including the cost of a volume distributed to the fellows, \$1086.04, leaving a balance in the treasury of \$47.90. The Society have what is denominated its permanent fund, invested in the Mass.

Hospital Life Insurance Company, in three policies, at interest, which, in January last, amounted to \$5445.79.

Dr. O'Meary, the surgeon of Napoleon, recently died in England. He was not particularly distinguished for his medical attainments. The fortune of war gave him an official acquaintance with the greatest hero of modern times; had it not been for that circumstance, his name would not have been so familiarly known, as it now is, to the profession of the civilized world.

Medical Miscellany.—The whole number of deaths in New York, for the first six months of the present year, was 3401. Ninety-two of the number died of smallpox, and forty-five by intemperance.—It is computed that there are four hundred deaf and dumb persons in Lower Canada.—*Dr. Powell* has been very successful in phrenologically ascertaining character at Baton Rouge.—*Drs. Sturgis and Patterson*, of Tecumseh, Michigan, have examined a gigantic skeleton lately found in digging a well in that place, which they have pronounced human. The thigh bone is two feet and two inches long: the skull is prodigiously large.—*Dr. Sotherton*, of Georgetown, succeeded in reanimating a boy who had been fifteen minutes under water.—The New York papers continue to urge the necessity of having physicians attached to packet ships. The British government make it a *sine qua non* that every vessel carrying a certain number of passengers, shall have a medical practitioner on board.—If a physician in China cause the death of a patient, he justly, says the penal code, suffers death; if death takes place through his want of skill, he is forever after disqualified for practice; if he aggravates a malady, with a view of getting a larger fee, he is punished as a thief.—The French Academy of Medicine does not acknowledge phrenology to be a science.—*Dr. Cyrus Perkins*, of New York, formerly of Hanover, N. H. has purchased a seat in Middleboro', Mass. the place of his nativity, where it is understood he intends to reside.—The lecture fee at the University of Pennsylvania has not been raised, on increasing the number of the faculty.—A physician of the first respectability in a neighboring State, writes—"The spare diet certainly does induce dyspepsia and insanity. I have met with several cases of phthisis unquestionably caused by a spare diet."—The cholera is making terrible havoc in Italy. At Verona, the deaths are represented to be forty a day.—The smallpox is raging at Sierra Leone.—Arrived at New York from London, *Dr. H. B. Inches*, of Boston.—The cholera morbus is prevailing at Charleston, S. C.—*Prof. Terry*, of Bristol College, Penn. is delivering lectures on Galvanism, at Hartford, Conn.—*Dr. Albert A. Wright*, of Canaan, Conn. has been mulcted in the sum of \$950, for breach of promise of marriage, with Miss M. E. Baird.—Another Steam Journal has been forced into existence of late, at Salina, Michigan, under the editorial purveyance of one *Dr. H. Wright*, who calls his paper the *Botanic Luminary*.—Arrived, from London, *Dr. Elliot*.

Whole number of deaths in Boston for the week ending September 10, 41. Males, 17—females, 26.

Infantile, 7—canker in the bowels, 2—bowel complaint, 4—consumption, 2—cholera morbus, 1—teething, 1—convulsions, 1—sudden, 1—debility, 1—dysentery, 3—dropsy, 2—inflammatory fever, 1—dropsy on the brain, 1—lung fever, 1—intemperance, 1—asthma, 1—hooping cough, 1—drowned, 1—cholera infantum, 6—stillborn, 1. 28 of the above were under two years of age.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

Boston, October, 1835.

June 15—eoptf

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin at the Massachusetts Medical College in Mason Street, Boston, the first Wednesday in November next, at 1-4 before 9 A. M. and will continue three months. For one month after the end of the course Lectures will be delivered in the College, and the Dissecting Room will be open to such Students as may remain, without additional fee. Such Students may also attend the Practice of the Massachusetts General Hospital.

Anatomy and Operations in Surgery,	-	-	-	-	-	DR. WARREN.
Chemistry,	-	-	-	-	-	DR. WEBSTER.
Materia Medica,	-	-	-	-	-	DR. BIGELOW.
Midwifery and Medical Jurisprudence,	-	-	-	-	-	DR. CHANNING.
Principles of Surgery and Clinical Surgery,	-	-	-	-	-	DR. HAYWARD.
Theory and Practice of Physic,	-	-	-	-	-	DR. WARE.

Clinical Lectures will be delivered as usual on the cases in the Massachusetts General Hospital.

New Dissecting Room.—A new Dissecting Room is now building, and will be finished before the Lectures begin. It will occupy all the vacant land at the East of the Medical College. Every care is taking to make this important part of the Medical School as perfect as possible, so that it may furnish to the Student ample facilities for prosecuting his Anatomical studies. The legal enactments of the State, so liberally and so wisely framed, will be faithfully and thoroughly applied to the accomplishment of their important objects.

July, 1836.

eoptN

WALTER CHANNING, Dean.

REMOVAL.

CHARLES WHITE respectfully informs the Physicians, his friends, and the public, that he has removed to No. 239 Washington St. four doors south of Summer St. and nearly opposite his old stand.

C. W. returns his most grateful acknowledgments to the Physicians, and his friends, for their past favors, and hopes, by strict personal attention, as heretofore, to Physicians' prescriptions, and to the compounding and delivery of Family Medicines, to have a continuance.

Boston, Aug. 24.

6t

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	-	DR. WARE.
On the Principles and Practice of Surgery	-	DR. OTIS.
On Anatomy	-	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Jan 20—Iyep

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.